

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 552360

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
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17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25	1		1			
26		1				
27		2				
28		2				
29		1				
30		1				
31		1				
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47						
48						
49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	42	←	32	←		←
TOTAL CLAIMS	44		34			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.			←			←
TOTAL CLAIMS			←			←